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MAE News: Newsletter from the Office of Monitoring, Audit and Enforcement, Winter 2011

Maine Workers' Compensation Board

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MAE News

Newsletter from the Office of Monitoring, Audit and Enforcement Maine Workers' Compensation Board

Winter 2011

Volume 6, Number 4



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Chapter 5 of the Board's Rules and Regulations Effective 12/11/11

The new rule repeals and replaces the former rule and applies to all bills for medical services provided on or after the effective date, regardless of the employee's date of injury. Most notably, the new rule establishes schedules of maximum reimbursement for inpatient, outpatient and ambulatory surgical center facility fees. The rule text and appendices are available at: www.maine.gov/wcb/rules/newlyadopted.htm.

The Maine Workers' Compensation Board has contracted with OptumInsight to provide webinars for those that could not attend the recent training in Augusta (or those that would like more detail). There will be two 2-hour webinars on February 8, 2012 as follows:

1. Insurers, Self-Insured Employers and 3rd Party Administrators: 10am-12pm
2. Hospital and Ambulatory Surgical Center Health Care Providers: 1pm-3pm

Links to the webinars will be emailed to all when they become available. The focus of the training will be reviewing a sample of medical bills provided. Please send sample bills and/or questions related to the new rule to Kimberlee.Barriere@Maine.Gov by 5pm EST January 25, 2012. There is still a need for inpatient bills, bills with patient transfers, specialty hospital bills, and bills with outliers.

Inpatient DRG Grouper

Appendix IV is based on version 25 of the US Federal Government's DRG Grouper. A version 25 DRG Grouper is available from 3M, National Technical Information Service, OptumInsight, and others. For more information or to purchase the grouper from OptumInsight, contact:

Jan Welsh
Data Analytics Sales
Tel 614.410.7637 or 1.800.859.2447 Option 2
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Caution Facilities: Professional Services Not Included

Pursuant to Sections 3.11 and 4.11, individual health care providers who furnish professional services in a hospital, ASC or other facility setting must bill insurers directly. Do not include charges for professional services on the CMS Uniform Billing (UB-04) form.

Reminder: Usual and Customary Charge

In 2008, the Law Court held that "usual and customary charge" means the amount charged by the health care provider and not the usual and customary payment as determined by the employer/insurer. See Law Court decisions *Leanne Fernald v. Shaw's Supermarkets, Inc.* and *William J. Babine v. Bath Iron Works*, 2008 ME 81.

Mileage Reimbursement Standardized

Section 1.09 of the new rule sets mileage reimbursement at \$.44 per mile for the employee's travel-related expenses incurred for treatment. This is consistent with mileage reimbursement for the employee's travel-related expenses incurred for attending an independent medical examination, a formal hearing, or a Board appointed examination pursuant to Section 611 (occupational disease cases).

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New: Fees for Reports

Section 1.07 of the new rule allows the primary health care provider to charge a fee for completing the initial Practitioner's Report (Form M-1) required by the Workers' Compensation Board pursuant to 39-A M.R.S. §208. Supplemental reports shall be identified by using CPT® Code 99080 and appropriately billed on a CMS 1500 form.

The maximum fee for preparing the initial M-1 shall be: Each 10 minutes: \$30.00.

Reminder: New v. Established Patient

Billing for Evaluation & Management services requires the determination of patient status as new or established. According to the American Medical Association, a new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years. The determination is not based on the injury (new vs. existing).

Specialty Hospitals

Pursuant to Section 3.10, services provided at specialty hospitals (ESRD, SNF, Home Health, IP Rehab, Long-Term Care, and IP Psych) shall be reimbursed using the 2007 Medicare pricer tool for the appropriate specialty hospital found on the CMS website at: www.cms.gov/pcpricer/.

If there is any question regarding the type of facility, you can search by provider name at <https://gateway.maine.gov/dhhs-apps/aspen/> and get provider details that include the provider type.

Critical Access Hospitals (CAH)

According to the Maine Hospital Association's website, 16 of Maine's hospitals have been approved as CAHs. The hospitals are: Blue Hill Memorial Hospital, Bridgton Hospital, Calais Regional Hospital, C. A. Dean Memorial Hospital, Down East Community Hospital, Houlton Regional Hospital, Mayo Regional Hospital, Millinocket Regional Hospital, Mount Desert Island Hospital, Penobscot Valley Hospital, Redington-Fairview General Hospital, Rumford Hospital, St. Andrews Hospital, Sebasticook Valley Health, Stephens Memorial Hospital and Waldo County General Hospital. This and other interesting facts about Maine's hospitals can be found at: www.themha.org/members/hospitalfacts.htm.

Reminder: Health Care Records Request

A health care provider or facility shall, at the written request of the employer/insurer or the employee, furnish copies of the health care records for that particular worker's compensation injury or illness within 10 business days from receipt of the request. An itemized invoice shall accompany the copies. Please do not bill for copies on a billing form (UB-04 or CMS 1500) and/or using CPT® Code 99080.

The maximum fee for copies shall be \$10 for the first page and 35 cents per page thereafter. The copying charge shall be paid by the party requesting the records.